

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

Michael R. Johnson P# 19998

(In the space above enter the full name(s) of the plaintiff(s).)

**13 1492**

- against -

Philadelphia Police Department  
18th Precinct 55th & Pine

**COMPLAINT**

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Michael R. Johnson  
ID # 19998  
Current Institution House of Correction  
Address 8001 State Pk.  
Phila. Pa. 19136

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Anna Fowler Shield # 60100  
 Where Currently Employed 18th Precinct  
 Address 55th & Erie West Phila. Pa.  
Police Department

Defendant No. 2 Name Ronald Green Shield # 9489  
 Where Currently Employed 18th Precinct  
 Address 55th & Erie West Phila. Pa.  
Police Department

Defendant No. 3 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? On the streets  
of Phila. in the Police Wagon were in hand cuffs.
- B. Where in the institution did the events giving rise to your claim(s) occur?  
Inside the Police Wagon
- C. What date and approximate time did the events giving rise to your claim(s) occur?  
On April 20, 2012 12:30 PM

What  
happened  
to you?

D. Facts: On 4/25/12 around 11:00 PM I was assaulted by two officers from the D. A. Office apartment on the streets of 42nd Street in the rear of the Alley. I was pushed in the back of the police wagon. I was punched in the face & ribs as well as kicking me in the knee. They took me to the 14th Precinct instead of the hospital first. I was seen sent April 26, 2012 in the Emergency Department for rib contusion, knee sprain, head injury. Then I was brought to C.I.C.F. and transferred to the H.O.C. Prison.

Was  
there  
anything  
else?

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. "Mercy Hospital"

(Mental Physical) Mental Health Physical, not being  
Knee Sprain, Head Injury, Rib Contusion.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that " [n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

\_\_\_\_\_ In the back of a Police Wagon \_\_\_\_\_

B Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No \_\_\_\_\_ Do Not Know \_\_\_\_\_

C Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No \_\_\_\_\_ Do Not Know \_\_\_\_\_

If YES, which claim(s)?

\_\_\_\_\_ Grievance \_\_\_\_\_

D Did you file a grievance in the jail, prison or other correctional facility where your claim(s) arose?

Yes ☒ No \_\_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

E If you did file a grievance, about the events described in this complaint, where did you file the grievance?

\_\_\_\_\_ I.D.C. \_\_\_\_\_

1. Which claim(s) in this complaint did you grieve? All Issue

2. What was the result, if any? NO Award

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. All procedures

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: Followed all procedures

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: None

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies: All procedures followed

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Return all of the officers brought to justice.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit.

Plaintiff Michael Johnson

Defendants The State of Ala. Prison System

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number # 13-237

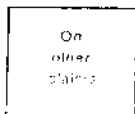
4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition \_\_\_\_\_

7 What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



C. Have you filed other lawsuits in state or federal court?

Yes \_\_\_ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Pertains to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_ No \_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 3 day of March, 2013

Signature of Plaintiff

*Michael Johnson*

Inmate Number

1094998

Institution Address

8001 State Rd  
Philly Pa 19136  
HOC

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 3 day of March, 2013, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: \_\_\_\_\_

*Michael Johnson*